

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025076

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No.

Registrar's No. 17

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROUND GROVE TWSP.		c. CITY OR TOWN MAYWOOD	
Length of stay in 1b XXXXXXX		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. S.W. Maywood		d. STREET ADDRESS (If outside, give location) 2 mi. S.W. Maywood	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CASEY Last GOINGS		4. DATE OF DEATH Month JUNE Day 2 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/19/08
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY COMPRESSOR MFG.	
11. BIRTHPLACE (City and state or country) MARION CO., MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOSEPH GOINGS		13b. MOTHER'S MAIDEN NAME TURAH CASEY	
14. NAME OF HUSBAND OR WIFE EDITH KATZELL GOINGS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or range of years) NO	
16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT EDITH GOINGS, MAYWOOD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1 1960 to June 1 - 1963 and last saw him alive on June 1, 1963 Death occurred at 11:52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Ink or type) Ralph J. Wamp		22b. ADDRESS LaBelle, Mo.	
22c. DATE SIGNED 4 June '63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/5/63	23c. NAME OF CEMETERY OR CREMATORY DURHAM	
23d. LOCATION (City, town, or county) DURHAM, MISSOURI			
24. FUNERAL DIRECTOR Charles L. Arnold		25. DATE RECD. BY LOCAL REG. 6-5-1963	
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke		By Viola Gen. Deputy	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 1 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.